

of our colleagues on a very important subject, and not attempted to enforce our personal opinions upon them.—We are, etc.,

MARY BARTON.
KENNETH WALKER.
B. P. WIESNER.

London, W.1.

SIR,—May I beg a little space in which to put forward a plea for reasonable toleration in this matter of artificial insemination? It seems to me regrettable that all the old arguments that have been used down the ages against any innovation in medicine should again have to be disinterred. Substitute anaesthesia for artificial insemination in these letters of righteous indignation and we resurrect the ghost of the furore that was created when ether was first introduced. Can we not take a more rational view without undermining the true Christian values and sanctity of married life?

We can all agree that the childless marriage is a hollow thing—a plant which has wilted and produced no fruit. Those many unfortunate couples placed in this predicament must perforce seek some substitute for the emptiness that cannot be filled by the fruits of their love. Adoption has hitherto been the most widely practised substitute. It has obvious disadvantages, not the least of which is the frequently poor genetic quality of the material presented for adoption. Artificial insemination offers an alternative to adoption which has both advantages and disadvantages. Mother and child have the advantage of a physical basis to their relationship; all three partners have to face the fact of the substitute father. Obviously some couples can easily adjust to this situation where others might find it impossible.

Those critics who accuse the woman of adultery, it seems to me, confuse the letter of the law with the spirit. They see no difference between the intimacies of the bed-chamber and the practices of the laboratory. Can we not allow each couple to decide for themselves and allow them the privilege of decent motives in the seeking of a solution to their very tragic dilemma? Surely it is hardly the physician's role to set himself up in moral judgment in such cases.—I am, etc.,

Chipping Ongar, Essex.

F. E. S. HATFIELD.

SIR,—The correspondence in your columns regarding artificial insemination illustrates the reluctance of even the scientifically minded to lift the blankets heaped upon procreational matters by religion, convention, upbringing, and kindred influences in order to examine that human cauldron in the cold light of science and reason.

Without entering into the merits of the case, for or against, it may be said that the subject is a facet of a problem which sooner or later humanity will have to resolve—namely, how to give effect to the influence of heredity and breeding in the interests of the improvement of the race. The prime emphasis placed by Nature on this essential is self-evident in every form of life; yet by man for men, and by men alone, it is ignored and even combated. The problem is one of especial concern and urgency to democracies, such as our own, where if the present trend towards quantity rather than quality continues there is danger of racial degeneration and subsequent extinction by reason of their own liberal doctrines. We are taught that all men are equal in the sight of God; hence we continue to breed any and every sort of rubbish, and call it His will and His work. If mankind gave as much attention to the breeding of men as they do to that of other forms of life, or even to the production, let us say, of the perfect motor-car, it might well be that the "kingdom of God on earth" would be advanced by thousands, perhaps millions, of years.—I am, etc.,

Wickworth, Derbyshire.

E. D. BROSTER.

Tapeworm in Freshwater Fish

SIR,—In the *Journal* for Feb. 10 (p. 199) Mr. T. E. Gibson reported finding in the peritoneal cavity of a trout 39 plerocercoids, which showed morphological characters similar to those described by Duguid and Sheppard (*J. Path. Bact.*, 1944, 56, 73). The trout had been caught on Sept. 24 in a Northamptonshire reservoir, from which six dead trout had been picked up between Aug. 11 and 25. "During the period when deaths were being observed in the trout fifty grebe also died, but it is not known whether or not the dead grebe were infected with *Diphyllobothrium*."

I examined an adult male great-crested grebe, *Podiceps cristatus*, which had been found dead on Aug. 16 on the same reservoir. The grebe was very emaciated and anaemic, with oedema of the lungs, subcutaneous and intermuscular tissues. The small intestine was acutely inflamed and very much distended by a cylindrical mass of eighty-two intertwined tapeworms, *Ligula intestinalis* (Léon, 1758), which were mostly immature, though one or two showed signs of adult features. The heads and necks of three of the *Ligula* had burrowed under the cuticular lining of the gizzard, the lumen of which contained a felted mass of grebe feathers mixed with shreds of water plant. The small intestine also contained some very small cestodes, which were too decomposed for identification; some small trematodes, *Petasiger nocomense* (Fuhrmann, 1927); and two female nematodes, possibly *Contraecium ovale* (Linstow, 1907). I am indebted to Dr. H. A. Baylis for kindly identifying these worms.

Later I was informed by the manager that on Aug. 12 a number of grebes, believed to be native to the reservoir, seemed listless and off their food. Eighteen of them were picked up dead on Aug. 14. By Aug. 21 a total of forty-nine dead grebes had been found. Of the other species of birds on or around the reservoir (e.g., mallard, teal, lapwings) none appeared to be affected. Between Aug. 12 and 21 "some fish, mostly trout, about 3 to 4 lb. in weight, also died, most of them in bad condition. No careful examination was made of the trout, but a roach was seen with tapeworms in it." The reservoir, completed and filled 4 years previously, was shallow owing to drought. At the beginning of August the temperature of the water rose; on Aug. 17 it was 69° F. and on Aug. 21 it dropped sharply, after which date no more dead birds were picked up and the few surviving grebes appeared to have recovered.

I was impressed by the severity of the enteritis which *Ligula intestinalis* is capable of producing when examining a goosander drake, *Mergus merganser*, which had been found dead on a freshwater lake in October, 1935. Beyond a single trematode, possibly *Diplostomum parviventosum* (Dubois, 1932), the duodenum contained two adult *Ligula intestinalis* (Léon, 1758), which had produced acute haemorrhagic ulcerative duodenitis with secondary acute septic peritonitis.

From Bruno Hoffer's *Handbuch der Fischkrankheiten* (Stuttgart, 1906), Sprehn's *Lehrbuch der Helminthologie* (Berlin, 1932), and H. A. Baylis (*Vet. Rec.*, 1934, 14, 1472) I gather that the first intermediate hosts of the ciliated hexacanth *Ligula* embryo are freshwater Copepods (*Cyclops* and *Diaptomus*). The second intermediate hosts (of the plerocercoid) are various freshwater fish, chiefly Cyprinidae. The final hosts have been identified as freshwater fish (carp, tench), and several species of birds which eat freshwater fish (divers, grebes, gulls, terns, herons, eagles, hooded crows, etc.). In order to clear up the identity of Mr. Gibson's plerocercoids I would suggest that they be fed to final-host birds. Even the domestic duck might well serve for such a repeat of Duchamp's experiments (1876) as referred to by T. S. Cobbold (*Parasites*, etc.; London, 1879). According to Cobbold the *Ligula* of the final-host fish do not attain sexual maturity. The sexually immature was termed (*vide* Hoffer) *Ligula simplicissima* (Rud., 1802), now, as Dr. Baylis kindly informs me, generally regarded as synonym of *L. intestinalis* (L., 1758). Thus by feeding the plerocercoids to goldfish Mr. Gibson could produce adult *Ligula* (if they are *Ligula*) more easily under laboratory conditions, but they would not enable him to complete the whole cycle of development. The duck appears to be the experimental host of choice.—I am, etc.,

London.

TOM HARE.

Wilkinson's Ointment

SIR,—In the obituary of Dr. A. T. Wilkinson (Feb. 10, p. 201) your contributor remarks: "One prescription of his had a curiously wide European reputation," basing this conclusion on the fact that some Manchester medical workers with the Russian Army in the last war "found that scabies was treated with what the Russians called Wilkinson's ointment, the formula of which was equal parts of sulphur and ammoniated mercury ointments and of benzoated lard. . . ."

I am loath to detract from the credit due to this distinguished physician, but suspect that some confusion may have arisen.

The preparation known as Wilkinson's ointment has indeed been very widely used on the Continent, especially Central Europe, for scabies and various chronic skin affections for a very long time, probably about 100 years. The American dictionaries of Dorland and of Stedman agree in ascribing it to J. H. Wilkinson, "English physician of the 19th century," and they both state that it is the compound sulphur ointment of their national formulary, and this is identical with ungu. sulphuris co. *B.P.C.*—namely, sublimed sulphur 15 g., calcium carbonate 10 g., tar 15 g., lard 30 g., soft soap 30 g.

In the 1923 edition of the *B.P.C.* the synonyms of ungu. sulphuris co. are given as Wilkinson's ointment and unguentum ad scabiem viennense. The *Extra Pharmacopoeia* gives Wilkinson's ointment as a synonym of ungu. picis et sulphuris, a London Hospital formula of very similar composition. Volk and Winter's *Lexikon der Kosmetischen Praxis* (1936, Vienna: Springer) says it is a tar-sulphur ointment, and that "it is now mostly used in Hebra's modification as Hebra-Wilkinsonsche Salbe" as follows: cretae albae 5.0, sulfur. praecip. 7.5, ol. rusci 7.5, sapon. kalin., adip. suill. āā 15.0. They give as the "old prescription": cretae 8.0, flor. sulf. 12.0, ol. fagi 12.0, sapon. kalin. 24.0, adip. suill. 24.0. This implies that a Wilkinson's ointment with the latter formula was an established remedy in Hebra's day (1816-1880). It will be seen that at Hebra's death Dr. A. T. Wilkinson would have been only 27.

All these formulae agree in containing tar, sulphur, and soap. If, therefore, the Russians were really using a mixture of sulphur and ammoniated mercury ointment and benzoinated lard, it may be that this was a formula devised by Dr. A. T. Wilkinson. It is, however, unlikely that, mainly for the same disorder and under the same name, two ointments with different formulae, invented by different Wilkinsons, should have been widely used abroad.—I am, etc.,

London, W.1.

W. N. GOLDSMITH.

Breathing and Coronary Circulation

SIR.—In your issue of Feb. 24 you included a letter from Dr. R. Halstead Dixon under the heading "Breathing and Coronary Circulation." In the text of this letter Dr. Dixon has inserted in the manner of a parenthesis a reference to one of Mr. F. Matthias Alexander's books, *Constructive Conscious Control of the Individual*, and both the substance of his reference and the subject-matter to which it is set in relation in the text give an entirely misleading conception of Mr. Alexander's work. In sending you his letter Dr. Dixon may have been motivated by the desire to do a service to work which has attracted his interest and to help his fellow practitioners and others; and you may have been motivated by similar desires in accepting his letter; but your combined actions, which have been based upon misconceptions and misunderstanding, have resulted in disservice to all your readers. Alexander's work deals with demonstrable truth, and no amount of misrepresentation can destroy it, for truth will out; but misrepresentation may delay its spread and hinder its application when and where it is most needed.

On Jan. 28 I submitted a letter to you under the heading "The 'Psychosomatic' Approach," which letter you rejected upon the grounds of lack of space. I sent a copy of my letter to Mr. Alexander, who replied that it was "excellent"—an expression which when used by him indicates that the subject-matter is founded upon a reliable conception of his work. Mr. Alexander's work deals with the re-education of defective sensory appreciation which is the means whereby misconceptions and misunderstanding are reached, and his work also deals with the manner of use of the self which is the means whereby all the actions—including "medical" actions—are conceived and guided.—I am, etc.,

Bolton, Lincs.

MUNGO DOUGLAS, M.B., CH.B.

SIR.—Since my letter under this heading appeared on Feb. 24 Mr. F. Matthias Alexander has been in communication with me. I regret that he was misinterpreted, for which I apologize.—I am, etc.,

Ealing, W.5.

R. HALSTEAD DIXON.

GIFT BY AMERICAN ANAESTHETISTS

In return for the hospitality which during the last two and a half years anaesthetists in the United States Forces passing through London have received from the Royal Society of Medicine, the American Society of Anaesthetists has presented for installation in the Barnes Hall at 1, Wimpole Street a 16-mm. cinematograph projector for sound and picture. The presentation was made on March 2 by Col. R. M. Tovell, U.S.A.M.C., who spoke of the appreciation of himself and his colleagues of the opportunity they had been given of listening to British medical men of renown and of making many valuable friendships. The gift was received by Dr. Frankis Evans, president of the Section of Anaesthetics of the Society, with some appropriate words concerning the understanding and good fellowship which it commemorated. In his turn he handed over the apparatus to the President of the Society, Surg. Rear-Adml. Gordon-Taylor, for the use of the R.S.M. in general. In accepting the gift Admiral Gordon-Taylor remarked on the contribution which American anaesthetists had made to the advancement of anaesthesia. A century ago Wells and Colton of Connecticut did pioneer work with nitrous oxide, while from Morton and the Massachusetts General Hospital came ether anaesthesia. Thirty years ago Gwathmey of Chicago introduced—or perhaps reintroduced, for it was first essayed by Pirogov, the great Russian surgeon, in 1847—the rectal channel for ether administration. He added that the charming generosity and liberality of the medical profession in the United States were well known to many of them, and he from personal experience, both as an individual and in a representative capacity, could testify to it. It was customary to raise monuments in stone or bronze to the honoured dead, but this gift was no barren or silent symbol; rather was it an eloquent and rhythmical reminder of a "lively anaesthetic entente," and, in a wider sense, of the faith and friendship and mutual sacrifice of the two great English-speaking peoples. They all trusted that this growing understanding between the two countries would be, not a temporary liaison, but a perpetual friendship.

The Services

The following appointment, awards, and mentions have been announced in recognition of gallant and distinguished services in the field:

M.B.E. (Military Division).—Capt. J. H. D. Millar, R.A.M.C.

M.C.—Capt. A. D. McKenzie, C. A. Richardson, and K. A. C. Clarke; Lieut. J. G. Des Biens, R.C.A.M.C.

Mentioned in Dispatches.—Major (Temp.) R. Stuppel (killed in action) and Capt. D. B. Watson, R.A.M.C.

The following awards have been announced in recognition of gallant and distinguished services in North-West Europe:

Second Bar to the D.S.O.—Brig. (Temp.) H. L. G. Hughes, C.B.E., D.S.O., M.C., R.A.M.C.

M.C.—Capt. (Temp. Major) W. J. Hay; Capt. G. M. Killpack, G. P. Mitchell, H. N. Smith, J. M. Willcox; Lieuts. F. Hartley and W. M. Walker, R.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

Killed in action in Burma.—Capt. Archibald Menzies Ogilvie, R.A.M.C.

DEATHS IN THE SERVICES

The death has been announced of Col. JOHN CRIMMIN, V.C., C.B., C.I.E., I.M.S.(ret.), at Wells, Somerset, at the age of 85. He qualified in Dublin in 1882 and subsequently took the D.P.H. He entered the Indian Medical Service in 1882 and distinguished himself during the Burma campaign of 1886-8, and when S.M.O. of the Karen Field Force during the forcing of the Nanko Defile he gained, in 1889, the first Victoria Cross to be awarded to an I.M.S. officer. Later he entered the Bombay Medical Service and was port health officer of Bombay for a number of years and became well known to many I.M.S. officers embarking for leave-home as a genial Irishman. In 1901 he was awarded the C.I.E. During the war of 1914-18 he served on the North-West Frontier of India and became Assistant Director of Medical Services, India. He received the C.B. in 1913, was Honorary Physician to the King 1916-19, and retired in the latter year. Col. Crimmin resided for a time at Croydon, but later moved to Somerset. He thus had a varied and distinguished career and will long be remembered by his many friends. He was married and had two sons.